	•		Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECO									10766155					
Effective October 1, 2003									L			3017		
CLAIMS AS FILED - PART I (Column 1)						<u>ımn 2)</u>		SMALI	LEI	NTITY	OR	OTHER SMALL	THAN ENTITY	
TOTAL CLAIMS			15		. 1			RAT	ε	FEE	7	RATE	FEE -	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			15 - minus 20=		.00			XS S)=		OR	XS18=		
INDEPENDENT CLAIMS			5 - minus 3 =		2			X43	=		OR	X86=	1721	~
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145			OR	÷290=	7,001	
* If the difference in column 1 is less than zero, enter						column 2		TOTA			OR	TOTAL	942	_
0	a/ / CLAIMS AS AMENDED - PART II									L	,	OTHER		(2)
7	127/05	(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colur		(Column 3)		SMALL		ENTITY	OR	SMALL		
AMENDMENT A	·	REMAINING AFTER AMENDMENT		NUMI PREVIC	BER DUSLY	PRESENT EXTRA		RATI	₽	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•.
MON	Total	- 19	Minus	•	20			X\$ 9	=		OR	XS18=		
AME	Independent	. 6	Minus	 <	5	= /		X43=			OR	X86=	said	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+145		-		+290=		
						•	į	TO1			OR	TOTAL		
(Caluma 4)									EE		OR	ADDIT. FEE		
	(Column 1) (Column CLAIMS HIĞHE					(Column 3)	lr			ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	Ξ	TIONAL FEE		RATE	TIONAL	
NON	Total	*	Minus	**		=		X\$ 9=	_ [OR	X\$18=		
ME	Incependent	•	Minus ***			=		X43=			OR	X86=		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	ENDENT	CLAIM		 	. 4 45	7			. 000		
			•	•			L	+145:			OR	+290= TOTAL	•	
											OR ,	ADDIT. FEE		
_		(Column 1) CLAIMS		(Colum		(Column 3)	_							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ŀ	ADDI- TIONAL _FEE		RATE	ADDI- TIONAL FEE	
MON	Total	•	Minus	**		=		X\$ 9=	T		OR	X\$18=		
ME	Independent	•	Minus	***		=	ŀ	X43=	+		ł	X86=		
٦	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							~ ~~~	+		OR	700ª		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
~ H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL DDIT. FEE		
7	he Highest Num	ther Previously Paid	For (Total or	independe	nt) is the	n 3, enter "3." highest number	tour	nd in the	appr	opriate box	in colu	ımn 1.		